

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/10/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967677	(X3) DATE SURVEY COMPLETED 07/27/2015
NAME OF PROVIDER OR SUPPLIER VILLA SERENA V	STREET ADDRESS, CITY, STATE, ZIP CODE 2750 N W 6 STREET MIAMI, FL 33125	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

A Standard Biennial Survey was conducted on 07/27/17. Villa Serena V with Limited Nursing Service component had no deficiencies found at the time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 11, 2015

Administrator
Villa Serena V
2750 N W 6 Street
Miami, FL 33125

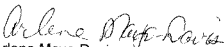
Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on July 27, 2015 by representatives of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Verlande Exil at (305) 593-3100.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

and
Enclosure

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